

BIRD & PET CLINIC OF *ROSEVILLE*

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New Patient Information

Name _____ Species _____ Age _____ Sex _____

Source/Breeder _____ How long have you had the pet _____

Current Problem (Describe) _____

How long has this been occurring _____

Has it gotten better/worse (Describe) _____

Is the pet eating (less/more/same) _____ Is the pet drinking (less/more/same) _____

What is it eating _____

What do you gut load insects with (if applicable) _____

What vitamin and mineral supplements are given, if any _____

How often are they given _____

Is the pet urinating (less/more/same) _____ defecating (soft/hard/normal) _____

Any coughing, sneezing, vomiting, or diarrhea (How much/How often) _____

How many other animals do you have / What species _____

Habitat Information

Temperature _____ Humidity _____ Basking Area? _____

Substrate/ Bedding _____

Cage Furniture / Toys _____

Water source _____

How often is the cage cleaned _____ with what _____

Please continue with additional information on the back if needed, every bit helps. Thank you!